Yes No	"unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for the Committee on Ethics.	nearned" income, or liabilities of a	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or lial exemption? Do not answer 'yes' unless you have first consulted with the Committee on Ethics
e you excluded Yes 🔲 No 🗸	her "excepted trusts" need not be disclosed. Have you excluded	enmittee on Ethics and certain of dependent child?	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?
NESTIONS	I - ANSWER <u>BOTH</u> OF THESE C	RUST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS
OMPLETE	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	NLY THE SCHEDULES	THIS FORM INCLUDES O
	HEDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YO	ATTACH THE
ars? Yes No No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
ngement with an Yes No No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
the date of filing? Yes No No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
	FIONS	H OF THESE QUEST	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
A \$200 penaity shall be assessed against any individual who files more than 30 days late.	Period Covered: January 1, 2018 to June 18, 2018 ind	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee Employing Office:
(Office Use Only)	Check if Amendment	tale: NJ)istrict: 2 06/05/18	New Member of or Candidate for S U.S. House of Representativs C Candidates - Date of Election
18 JUN 28 PM 1: 24	lone:	Daytime Telephone:	Name: Jefferson Van Dew
LEGISLATIVE RESOURCE CENTE	FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRISENTATIVES FINANCIAL DISCLOSURE STATEMENT

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Jefferson Van Drew Page_ <u>Q</u>

ŞP	SP	S	SP			7,5	3,	For barn salt sinter \$5,000, more the For rent at 1 For re	16 g	Ĝ,	7 3 3 3 5 5		
≦		≨ ag	<		(t)			For bank and other cash accounts, total the amount in sall interest-bearing accounts. If the total is over \$5,000, tiet every financial institution where there is more than \$1,000 in interest-bearing accounts. For ental and other real properly head for investment provide a complete address or description, e.g. tental proberty, and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the trueness. The nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacabon homes (unless there was rental increas in, or income derived from, a federal interest in, or income derived from, a federal interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan, it you report a privately-traded fund that is an excepted investment Fund, please check the "Eifforn, the options of the point spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detaked discussion of Schedule A requirements, please order to the instruction booklet.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	do not use only eaker symbols).	identity (a) each asset held for investment of production of income and with a lair market value exceeding \$1.00 at the end of the reporting period and (b) any other reportable asset or source of income which generated more than \$200 in 'unearned' income during the year.	Ą	
Vanguard Intermediate Term	Vanguard Wellington	Vanguard Total Stock Market ETF	Vanguard S&P 500 Index Fund		Exemples		1	ist even tan \$1,00 hall and a com property. bwmenshi not pub is. the phic loca- er to the mr. over and vacus and and vacus and	EST RA	78 a c	(a)	Assets and/or Income Sources	
ard	Har	10.1	ad		23			d other cash, i-bearing accidents accident accidents accident accidents accidents accidents accidents accidents accidents accident accidents accident accidents accident accidents accident accidents	pron bate	A Aprel) each asset held of income and with \$1,000 at the end of other reportable asset traded more than a ring the year.	8	
nter	₩.	22	S&I	æ	Sign	2	1	regator reash recash regator finance finance finance ere read and a committee status and a committee finance f	AC OF	Cker	topo	nd/	
med		Sto	50	ABC Hedge Fund	Simon & Schuster	Meylu Corp Stock		accounts. accounts. accounts. accounts. accounts. accounts. accounts. accounts. accounts. address addr	\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	eyro.	asset te and the o ortable nore t	2	BFC.
liate	gor	\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\ <u>\$</u>	96	Sch	ars a		rest indiction of the control of the	9.9	Sec	than \$	TCC.	BLOCK A
er	-	12 <u>1</u>	Š	8	*	ō		accounts, total the arrounts, total the arrounts. If the total is at irastitution where it rest-bearing accounts are the arround of irastitution where it rest-bearing accounts of the serior description by and state, if in a privately-held build, a state the name of its activities, as activities, as activities are successful and the serior of the activities are successful and the state of the serior of the	por for a	÷ 8	id for the lai suffors \$200	Ě	^
3		122	F				١.	It the total the author where aring account y had for inva or description state. Yet waterly-held be the market activates, it is the name activates and from, a form that are check the assect that an activate activates of the name activates and with anyouse (activates activates activate	5 5	37	tair n	တ	
1		🛱	-		1		1	ottal of the archive spirito salid being spiri	15.00 15.00	E P	west mask ortin ortin	Ĭ	- 1
ļ	 	L		 ×		+	ita	amount if it is over the transition, e.g. there is the e if the and its and its and its financial ings Plan at it is not refer the EIF or one (JT).	<u> </u>	<u>§</u> . ≥	for investment of a fair market value the reporting period, for source of income 200 In "uncarroof	83	
	1	<u> </u>	_	-	-	1	Ä		± 8				
ļ			 	ļ	+	ļ.,		None		<u>g</u> 8	Indicate value of as ** at do use a valuation me od othe specify the method **d. If an asset was sold wing the only because it givented **None.**		
ļ presenter -	ļ		1	<u>.</u>	1			31-31.000	-	E E	asse bec		ı
ļ		<u> </u>		 	indefuyle			\$1,001-\$15,000	1	E S	Bang Bang Bang Bang Bang Bang Bang Bang		Į
ļ		-		<u> </u>	- E	-		\$15,001-\$50,000	1	S S	1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		
ļ	<u> </u>	ļ	<u> </u>	1		>	•	\$50,001-\$100,000	1	***	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	a.	ľ
		ļ		<u> </u>	4			\$100,001-\$250,000 Pt		1	and an office		
	L			<u>×</u>	1	ļ		\$250,001-\$500,000 5		Column M is for a yets need by child in which you have no interest	se of the r than to reportin income.	₹	BLOCK B
×	×	×	×	<u> </u>	Ļ	<u> </u>		\$500,001-\$1,000,000 #		"Column M is for a set ned by your spouse or dependent child in which you have no interest	Indicate value of ask at close of the reporting period. If you use a valuation mode other than fair market value, please specify the method wol. If an asset was soduring the reporting period and is included only because it granted income, the value should be relocated.	alue of Asset	α,
		ļ	ļ	ļ				\$1,000,001-\$5,000,000		90	the major	2	
ļ		<u> </u>		ļ	1	ļ	_	\$5,000,001-\$25,000,000	4	ja G	nter va value		l
			ļ	ļ	-			\$25,000,001-\$50,000,000	_[, X	5 at 16 at 1		
ļ			ļ	ļ	1	ļ		Over \$\$0,000,000 Processing the state of the	4	Depo	ariod. If illue, plea is inclu should		- 1
					-	<u> </u>	_	Spouse/DC Asset over \$1,000.000°	↓				
		ļ		ļ	ļ	ļ.,		NOME The second of the second		None If the asset gene during the reporting period	Check all that gent 401(k), if the Tax Interest. reinvest		- 1
×	×	ļ		<u> </u>		>	<u> </u>	DIVIDENDS		7 =	Check all columns that apply. For a hair property income (f) hair generate tax-deferred income (f) 401(k), IFA, or 529 accounts), you make "Tax-Deferred" column. Divintered, and capital gains, enables essential matter the disclosed as it of assess held in taxable accounts.		
								RENT		If the asset generated no he reporting period.	k all columns to generate tax-do (), IRA, or 529 a "Tax-Doierred" est, and cap estad, must b	J	
×	×							INTEREST	1		529	Type of Income	6
×	×							CAPITAL GAINS	1	20 E	ns that a k-deferre 3 account ed" column capital it to dia	3	BLOCK C
	1	-			T			EXCEPTED BLIND TRUST	1	2 3	and	S	ô
×		×	×	1		1		TAX-DEFERRED	1	ã	poly Fo incom the, you me, gains, closed:	30	
		†		3	20	T			1		or account (such may che olividen aven as income. Che		
				Partnership Income	Royathes			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	1	incom	Check all columns that apply. For accounts that generate tax-deferred income (such as 40 (t), IRA, or 529 accounts), you may check the Tax-Deferred column. Dividents, the area and capital gains, even it reinvested must be disclosed as income for assests held in taxable accounts. Check		
		×	×	9.5	7	\dagger		None	+		7 7 7 7 7		
		 	-	 	+	-	,	\$1-\$200	1		For ass assats capital Check		
-	<u> </u>		 	 	\dagger	╁	_	\$201-\$1,000 =	1		n New York		
		<u>;</u>	<u> </u>	 -	†	t		\$1,001-\$2,500	İ				
		1			×	†		\$2,501-45,000 < 2			Tass		
×	×		<u> </u>	×	†	 		\$5,001-\$15,000 S	1		Allegrand		
-			Ţ	1	1	T		\$2.501-\$5,000 < \$5.001-\$15,000			heck invalue water		
						Γ		\$50,007-\$100,000 \{ \}			or assets for which you checked 'Tax-Deferred' in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and supply all fine assets held in taxable accounts. Then, "None" if no income was earned or generated. Column XII is for assets held by your spouse or dependent child in which you have no interest.		
								\$100,001-\$1,000.000	l		Tax-[I
					I	Ι		\$1,000.001-\$5,000.000 ×			or galer	A	
					I	L		Over \$5,000,000 🛚 🛎			theck	Amount of Income	_[
								Spouse/DC Income over \$1.000,000° ≦	J		Heper to Bit	2	BLOCK D
		×	-		Γ	Ļ		Mone			100 H H H H H H H H H H H H H H H H H H	Ť	Š
			<u> </u>	<u> </u>	1	!	_	\$1-\$200 =	1		abudi noud	502	ı
		ļ	<u> </u>	<u> </u>	i	<u> </u>	٠	\$201.\$1,000 E			may oriale orna	9	
-		<u> </u>		1	1	_	_	\$1,001-\$2,500			i de la		
-				-	-	 	_	\$2,501-\$5,000			you best		
×	×	<u> </u>		1	×	┼-	{	\$2,561-\$5,000 < 85,001-\$15,000			have a No		1
				*		<u> </u>	_	\$15,001-\$50,000 \subseteq 550,001-\$100,000 \subseteq \subseteq 55			A MAN		
-		<u> </u>		-	+	┿	\dashv	\$50,001-\$100,000 \(\frac{1}{2}\) \(\frac{1}\) \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}\) \(\frac			nterna zolun		
-		<u>. </u>	 	<u> </u>	1	_			1				ı
-				-	+	+					For all othe nterest, and e accounts		
		1	-	-	1	-		Over \$5,000,000 ≥ SpouseDC Income over \$1,000,000* ≥	ĺ				1
		ì	<u> </u>	<u> </u>	1	1		Sportian or a contraction of a contraction of the c			१ द क		

Asset		4 2 K	SP Van	JT Rental	JT Rental -	DC Fid	DC North	7	5								
BLOCK A Assets and/or income Sources		ASSET NAME EIF	Vanguard Index S&P 500 ETF	Rental - Old Goshen Rd, S. Seaville, NJ	Rental - 38 E Decatur Rd, Pleasantville, NJ	Fidelity Advisor New Insights	North American Co. Deferred Annuity	Guardian Investor	Ocean First Passbook Savings	TD Bank Passbook Savings	TD Bank Passbook Savings	Vanguard Index S&P 500 ETF	A A A A A A A A A A A A A A A A A A A			The second state of the se	
	None	control compa													,		
·	\$1-\$1,000 \$1.001-\$15.500								×	×							
man and the second of the seco	\$15.001-\$50,000					.nn					*						
1 (14/1/2) (1991)	\$50,001-\$100.0					×											
11. \$250,000	\$100,001-\$250,		×	×	×		×	×			•	×	-				7.0
91-\$250,000 T S BU OCK	\$250,001-\$500.												Ī				
77-51.000.000	\$500,001-\$1,00																
001-85,000,000	\$1,000,001-\$5.0																
0.001-350.000.000						 											
	Over \$50,000.0																
xDC Asset over \$1,000,000°	Spouse/DC Ass														-		
	NONE																
NOS	DIVIDENDS							Branger syrginis									
	RENT			×	×	ļ											
Name:	INTEREST								×	×	×						
44 GANS 5 5 C STREET	CAPITAL GAIN			<u> </u>		ļ				<u> </u>					4		
PTEDABLIND TRUST				ļ	ļ	ļ		ļ		<u> </u>					ļ.		
EFERRED &	TAX-DEFERRE	·	×	<u> </u>	 	×	×	×	ļ	ļ		×	ļ				
C	Other Type of to Parlnership inc																
	None		×			×	×	×				×					
	\$1-\$200	ļ	ļ	Pi Andrews	ļ	<u> </u>	ļ		×	×	×				L		
11,000 = = = = = = = = = =	\$201-\$1,000 \$1.001-\$2.500	!	ļ	-	<u> </u>	 	<u> </u>	ļ		<u> </u>	<u> </u>						
\$5,000 < p	\$2,501-\$5,000	 -	<u> </u>	×	×	-	-	<u> </u>		1	 		 -		<u> </u>		
-\$15,000 × 5	\$5,001-\$15,000	-	-	-		 							<u> </u>		1		
-55,000 < C C C C C C C C C C C C C C C C C	\$15,001-\$50,00		Ĺ		-	-		1	7	-					-		
71-\$100,000	\$50,001-\$100,0				and the last												
01-\$1,000,000 ≅	 	 			<u> </u>				!								
X000000 ×		[<u> </u>	-		-	<u> </u>	Ĺ	-	1	<u> </u>		<u> </u>		1		
≾.000.000	Over \$5,000.00 Spouse/DC Inc	 	-	1	-	├		<u> </u>	:	 	 	-	1			-	
= = = = = = = = = = = = = = = = = = =	None	 	×	-	-	×	×	×				×	<u> </u>	-	-		4
	\$1-\$200		<u> </u>	 		Ì			<u> </u>	×	×		<u> </u>		-	-	
	\$201-\$1.000									1		1	-	_			
1.52,500 < Q	\$1,001-\$2,500	<u> </u>		-													
THE STATE OF THE S	\$2,501-\$5,000	 	-	<u> </u>	<u> </u>	<u> </u>	ļ	<u> </u>	<u> </u>	ļ	<u></u>		:		<u> </u>		
01-515-000	\$5.001-\$15.00 \$15,001-\$50,0	 	-	<u> </u>	×	 	-	-	<u> </u>	-	├	-	-		-	 	
77-5107-000 \(\frac{1}{2}\)	\$50,001-\$100.	t			-	1	-	-	1	_	-	<u> </u>	-		1		
001-51,000,000		1	1		_	†		1	1	-	 	<u> </u>	 		L		
2.001-\$5.000,000 ×	\$1,000,001-\$5					İ	Ì	 		1			†				- -
	Over \$5,000.00		ļ														
e/DC Income over \$1,000,000° ≦	Spouse/DC Inc	<u> </u>	<u> </u>	<u> </u>					-						Ī		

SCHEDULE C - EARNED INCOME

EXCLUDE: Military pay (such as National Guard or ; serve pay), federal retirement programs, and benefits received under the Social Security Act. List the source, type, and amount of earned income in any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any noraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED (NCOME: Be raced that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above ("sunior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship are totally prohibited for Members and senior staff.	come may apply to you after yo limit is \$28,050. In addition, certr r staff.	u are on House payroll. The 2017 ain types of income (notably honorari	limit on outside earned income for a, director's fees, and payments for
		Am	Amount
Source (include date of r∈eipt for honoraria)	Туре	Current Year to Filing	Preceding Year
\downarrow	Honorarium	08 08	\$500 *78.000
EXAMPLES: Child War Roundfable (Oct. 2) Ordano County Board of Education	Spouse Salary	\$0 NVA	\$1,000 NJA
NI State Constan	Colory	007.70	32A 7A\$
NJ State Senator	Salary	324,499	J4/,430
Dentist	Salary	\$37,000	\$87,000

SCHEDULE D - LIABILITIES

Name: Jefferson Van Drew Page_ 2

Report liabilities of over \$10,000 owed to any one crex at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to put all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secure by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, pare or sibling of your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10 nnn. exceeded \$10,000. *Column K is for liabilities held lely by your spouse or dependent child.

	DC JT		
Example	7		
First Bank of Wilmington. DE	Creditor		
5/98	Date Liability Incurred MO/YR		
Mortgage on Rental Property, Dover. DE	Type of Liability		
	\$10,001- \$15,000	>	
	\$10,001- \$15,000 \$15,001- \$50,000	>	
	\$15,001-		
×	\$15,001- \$50,000 \$50,001-	COC .	
×	\$15,001- \$50,000 \$50,001- \$100,000	C C	Amoun
×	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000	8 0	Amount of Li
×	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,0001- \$500,0001-	SS C	Amount of Liability
×	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000	8 C D EE	Amount of Liability
×	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000 \$1,000,001- \$5,000,000	8 C D E F G	Amount of Liability
×	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,001- \$5,000,000 \$5,000,000 \$25,000,000	8 C D E F G	Amount of Liability

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or additional control of the contro political entities (such as political parties and campaign organizations); and positions solety of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Position Name of Organization
Chairman (Unpaid) - Peer Review	Atlantic &Cape May Dental Society - Peer Review

SCHEDULE F - AGREEMENTS

		_
	Name: Jefferson Van Drew	Page 6 of 6
ement that you have with I	persons that you have with respect to: future employment; a leave of absence during the period of government service.	if government service;

Identify the date, parties to, and general terms of anyreement or arrangement that you have with respect to judice employee welfare or benefit plan maintained by a former continued by a former or can employee welfare or benefit plan maintained by a former continuing participation in an employee welfare or benefit plan maintained by a former continuing participation in an employee welfare or benefit plan maintained by a former continuing participation in an employee welfare or benefit plan maintained by a former continuing participation in an employee welfare or benefit plan maintained by a former continuing participation in an employee welfare or benefit plan maintained by a former continuing participation in an employee welfare or benefit plan maintained by a former continuing participation in an employee welfare or benefit plan maintained by a former continuing participation in an employee welfare or benefit plan maintained by a former continuing participation in an employee welfare or benefit plan maintained by a former continuing participation in an employee welfare or benefit plan maintained by a former continuing participation in an employee welfare or benefit plan maintained by a former continuing participation in an employee welfare or benefit plan maintained by a former continuing participation in an employee welfare or benefit plan maintained by a former continuing participation in an employee welfare or benefit plan maintained by a former continuing participation in an employee welfare or benefit plan maintained by a former continuing participation in an employee welfare or benefit plan maintained by a former continuing participation in an employee welfare or benefit plan maintained by a former continuing participation in an employee welfare or benefit plan maintained by a former continuing participation in an employee welfare or benefit plan maintained by a former continuing participation in an employee welfare or benefit plan maintained by a former continuity and the continuity and the continuity a

Date	Parties to reement	Terms of Agreement
12/16	Myself & Stoof NJ	Pension
The state of the s		
The state of the s		

SCHEDULE J - COMPENSATION INEXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or yur business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or orger business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidental as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

	UBDILLOS DE L'ANTIGE CONTINUE DE CONTINUE DE	as a result or a	A more of confidentials a result of a privileged relationship recognized by law. Lib not repeat information listed on screene c.
	Source (Name and City/State)		Brief Description of Duties
Exemple:	Doe Jones & Smith, Hometown, Homestate	omestate	Accounting Services
-			
ANALYSIS CONTRACTOR OF THE PROPERTY OF THE PRO	A THE PROPERTY OF THE PROPERTY		
	The state of the s		
***************************************	Milydrate are progressive and the first control of		